

Case Number:	CM14-0145117		
Date Assigned:	09/12/2014	Date of Injury:	02/21/2013
Decision Date:	11/13/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 52 year old female with several different injury dates: [REDACTED], and reviewed medical documents - 5/09/13. Based on the 8/05/14 progress report by [REDACTED] this patient complains of neck and right shoulder pain. This patient reports head and neck movements are limited by neck pain, which is "intermittent and generally moderate," prolonged or significant use of right art exacerbates shoulder pain. Exam of this patient show "paracervical tenderness and tightness extend down trapezii, less so along parascapular areas with some generalized tenderness about the right shoulder. Right shoulder movements slightly limited by pain; shoulder weak compared to the left side. Progress report also references a July 23 AME report, page 8, providing a medical opinion by the AME reviewer, that this patient "requires a right shoulder MRI as well as a cervical spine MRI" with consultation following the MRI, with an agreed upon orthopedist. Work status as of 8/05/14: Recommend modified work, if available, with limitations. Diagnosis for this patient is chronic neck and right shoulder pain attributed to repetitive strain at work. The utilization review being challenged is dated 8/25/14. The request is for MRI of the cervical spine without contrast. The requesting provider is [REDACTED] and he has provided various progress reports from 2/20/14 to 8/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 08/22/14): MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI's

Decision rationale: -American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Uncomplicated Neck Pain, chronic neck pain pg. 177, 178 This patient presents with intermittent moderate neck pain and shoulder pain that is exacerbated with prolonged use of right arm. Head and neck movements are slightly limited by the neck pain. The treater requests MRI of the cervical spine without contrast. With regard to chronic neck pain, AECOM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. ODG guidelines also support MRI's for neurologic signs and symptoms. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multi planar reconstruction is recommended. (Daffner, 2000) (Bono, 2007) The 8/05/14 reports "no significant change with chronic condition over time," with neck and right shoulder movements that are "slightly limited by pain." Additionally, the treater notes "recovery plateaued long ago." Given the history of chronic neck pain, no red flags per ACOEM, and no documentation of recent xrays, plain radiographs (3-view) should be the initial study performed, not an MRI of the cervical spine. If this patient presents with new neurologic signs or symptoms, then an MRI would seem reasonably appropriate, which is not the case, for this patient. Furthermore, this patient does not present with any radiating symptoms into the arms, either. = Recommendation is for denial.